

**INDIANA DEPARTMENT OF INSURANCE  
PRE-LICENSING PROGRAM APPROVAL APPLICATION**

\_\_\_\_\_ Open to the Public \_\_\_\_\_ In-House

\_\_\_\_\_ Classroom Program \_\_\_\_\_ Self-Study Program (Will classroom hours be included?)

**Provider Name**

\_\_\_\_\_  
**Provider's Business Address (Street, city, state, zip code)**

\_\_\_\_\_  
**Published Phone # (800 # if Available)**

\_\_\_\_\_  
**Federal Tax ID#**

**Type of Course(s) for which you are seeking Approval:**

**Submit separate timed course content outline for each class of insurance.**

**Self-Study filing must comply with requirements set out in Bulletin 98. List all additional study aids under Other Materials.**

\_\_\_\_\_ **Life Only Insurance Only**  
Title, Publisher/Edition: \_\_\_\_\_  
Other Materials: \_\_\_\_\_

\_\_\_\_\_ **Accident & Health Insurance Only**  
Title, Publisher/Edition: \_\_\_\_\_  
Other Materials: \_\_\_\_\_

\_\_\_\_\_ **Life, Accident & Health Insurance**  
Title, Publisher/Edition: \_\_\_\_\_  
Other Materials: \_\_\_\_\_

\_\_\_\_\_ **Property & Casualty Insurance**  
Title, Publisher/Edition: \_\_\_\_\_  
Other Materials: \_\_\_\_\_

\_\_\_\_\_ **Personal Lines Insurance**  
Title, Publisher/Edition: \_\_\_\_\_  
Other Materials: \_\_\_\_\_

**If classroom course will be held at a different address than stated above attach separate sheet listing facility name and business address of each location.**

**Schedule of Courses. Circle all that apply:**      M      T      W      TH      F      S      SN

**Hours classes will be held:      START: \_\_\_\_\_      END: \_\_\_\_\_**

**Certification of Program Director:**

**I hereby certify that I have read and understand the Commissioner's Administrative Rules, 760 IAC 1-40-1 et seq. regarding agent pre-licensing courses, applicants and instructors, and that the program and its instructors will comply fully with the Commissioner's requirements relating to the conduct of insurance pre-licensing courses. I further certify that the program facilities are designed or equipped to assure full and free access by disabled persons, but failing this, I certify that program personnel will be available before, during and after scheduled classes to assist any handicapped person as may be necessary.**

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**Signature of Program Director**

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**Date Signed**